

REQUEST FOR TITLE INFORMATION

STATE OF RHODE ISLAND -- DIVISION OF MOTOR VEHICLES
Research
600 New London Avenue ,Cranston, RI 02920-3024
www.dmv.ri.gov

FEE: \$ 51.50 per VIN

NAME OF AGENCY/PERSON REQUESTING INFORMATION:

(Proper identification must be present)

_____	Amount Paid	_____
_____	* Cash	_____
_____	* Check #	_____
_____	Clerk	_____

REASON FOR REQUEST:

DESCRIPTION OF VEHICLE:

_____	_____	_____
Year	Make	Vehicle Identification Number

NAME OF OWNER:

_____	_____
Name	Address

_____	_____	_____
Signature of Requester	Date	Printed Name of Requester